

FILED SEP 27 1956

STANDARD CERTIFICATE OF DEATH

30635

State File No. \_\_\_\_\_

BIRTH NO. 22534-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3950

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS CITY</u> township) c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY OR TOWN <u>PARKVILLE</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Joseph Hospital</u>		STREET ADDRESS (If rural, give location) <u>RT 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>TERESA</u> b. (Middle) <u>LYNN</u> c. (Last) <u>COCKRUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 6 1956</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>APRIL 2, 1956</u>		9. AGE (In years last birthday) <u>7</u> IF UNDER 1 YEAR Month Day IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>NORTH KANSAS CITY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	

13a. FATHER'S NAME <u>Basil Cockrum</u>		13b. MOTHER'S MAIDEN NAME <u>LYNN BARNES</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Barnes</u> ADDRESS <u>Parkville mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ac. Pulmonary Meningitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 HRS.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>OTITIS MEDIA, Rt.</u>		1. Wk.	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>3912</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9-6, 1956, to 9-6, 1956, that I last saw the deceased alive on 9-6, 1956, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Theodore F. Edwards</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>329 Quincey Rd, N. K. C. Mo</u>		23c. DATE SIGNED <u>9/7/56</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>9-8-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, MO</u>	
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DATE REC'D BY LOCAL REG. <u>9-8-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newman</u> ADDRESS <u>Law N. K. C. Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Glenn H. Hill*.....

Licensed Embalmer No...458..

P. O. Address...R.C...16, 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.